

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2017 OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Michigan, Inc.

	00936		NAIC Company Code	15104	Employer's ID Numbe	r 46-0906893
Organized under the Laws of	,	Michigan	. Sta	ate of Domicile	e or Port of Entry	Michigan
Country of Domicile		<u> </u>	·	ted States		
Licensed as business type:	Life, Acci	dent & Health []	Property/Casualty [1	Hospital, Medical & Dental S	Service or Indemnity []
	Dental S	ervice Corporation []	. , , , , ,	•	Health Maintenance Organi	zation [X]
	Other [Is HMO, Federally	Qualified? Yo	es[]No[X]	
Incorporated/Organized		08/15/2012	Commen	ced Business	04/17/	/2013
Statutory Home Office		100 Galleria Officent	re Suite 210A		Southfield, MI, US	: 48034
,		(Street and Nu			(City or Town, State, Country	
Main Administrative Office			2	00 Stevens D		_
Phlia	delphia, PA	, US 19113		(Street and Numb	^{per)} 215-937-8000	
•	wn, State, Cou	intry and Zip Code)			(Area Code) (Telephone Number)	
Mail Address		alleria Officentre, Suite 2 treet and Number or P.O. Box)	<u>10A</u> ,		Southfield, MI, US 480 (City or Town, State, Country and Z	
Primary Location of Books a	,	•		200 8	Stevens Drive	. ,
Dhlio	dalabia D/			(Stre	eet and Number)	
		ntry and Zip Code)		(Ar	215-937-8000 ea Code) (Telephone Number) (Extens	sion)
Internet Web Site Address			www.amerihea	Ithcaritasvipca	areplus.com	
Statutory Statement Contac	t	Robert Michael	Gregor,	_	215-937-5312 (Area Code) (Telephone Number) (Extension)
rgregor((Name)			215-937-5049) (Extension)
	(E-Mail Add	lress)			(Fax Number)	
			OFFICERS			
Name		Title	. Dah	Name		Title
Steven Harvey Bohn Sarah Matt Owens		Treasurer President		en Edward 10	ootle, Esquire,	Secretary
			OTHER OFFICE	ERS		
					·	
Steven Harvey Bohn	or	DIRE Eileen Mary Co	ECTORS OR TR	USTEES James Michae		
Steven Harvey Bollin	<u>CI</u>	Lileeri Mary CC	nggiris	James Michae	Jernigan	
State of	Pennsylvani	ass				
County of	Philadelphia					
					f said reporting entity, and that or om any liens or claims thereon, e	
that this statement, together w	ith related e	xhibits, schedules and exp	lanations therein contained	, annexed or re	eferred to, is a full and true state of its income and deductions ther	ement of all the assets and
and have been completed in ac	cordance wi	th the NAIC Annual Stateme	ent Instructions and Accoun	ting Practices a	and Procedures manual except to	the extent that: (1) state law
knowledge and belief, respective	ely. Further	more, the scope of this atte	station by the described of	icers also inclu	es and procedures, according to t des the related corresponding ele	ectronic filing with the NAIC,
regulators in lieu of or in additio			s due to electronic filing) of	the enclosed s	statement. The electronic filing m	ay be requested by various
Steven Harve Treasi			Robert Edward Tootle, I Secretary	Esquire		att Owens sident
			· - · · · · · · · · · · · · · · ·	م اد	s this an original filing?	Yes [X] No []
Subscribed and sworn to b				b. If	no:	
day of	Febr	uary, 2018			. State the amendment number . Date filed	er
					Number of pages attached	

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals	1	,	,	j		
Group subscribers:						
	ļ					
	ļ					
	-					
	†					
	†					
	<u> </u>					
						
	†					
	1					
	1					
0299997 Group subscriber subtotal	1 0	0	0	0	0	0
0299998 Premiums due and unpaid not individually listed						
0299999 Total group	10	0	0	l0	0	l0
0299999 Total group	1,206,629	370,000	508,000	4,583,338		6,667,967
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	1,206,629	370,000	508,000	4,583,338	0	6,667,967

EXHIBIT 3 - HEALTH CARE RECEIVABLES

Degree - Capital ton Arrangement Sociavables 0 0 0 1,216,302 1,397,302 129.00 1 1,200 1,20												
198986 - Agricultural and individuality is steed above. 106,29 106,28 103,28	1			4			7					
109999 - Plannacian Isra Rhatis Recuivables 165,209 100,209 463,625 693,365 376,000 376,20	Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted					
100,963 167,065 167,	0199998 - Aggregate of amounts not individually listed above.						318,627					
pi tation Arrangement Receivables 1 216 302 1 087 302 729 (29 Capital con Arrangement Receivables) 1 216 302 1 087 302 729 (29 Capital con Arrangement Receivables) 0 0 1 216 302 1 087 302 729 (29 Capital con Arrangement Receivables) 0 0 1 216 302 1 087 302 729 (29 Capital con Arrangement Receivables) 0 0 0 1 216 302 1 087 302 729 (29 Capital con Arrangement Receivables) 0 0 0 0 0 0 0 0 0	0199999 - Pharmaceutical Rebate Receivables				663,625		318,627					
pi tation Arrangement Receivables 1 216 302 1 087 302 729 (29 Capital con Arrangement Receivables) 1 216 302 1 087 302 729 (29 Capital con Arrangement Receivables) 0 0 1 216 302 1 087 302 729 (29 Capital con Arrangement Receivables) 0 0 1 216 302 1 087 302 729 (29 Capital con Arrangement Receivables) 0 0 0 1 216 302 1 087 302 729 (29 Capital con Arrangement Receivables) 0 0 0 0 0 0 0 0 0	0299998 - Aggregate of amounts not individually listed above.											
0 0 0 1,216,302 1,087,302 120.0 1.067,302 1.067,302 120.0 1.067,302 120.0 1.067,302 120.0 1.067,302 120.0 1.067,302 120.0 1	0299999 - Claim Overpayment Receivables	109,949	149,746	72,606	0	332,301						
0 0 0 1,216,302 1,087,302 120.0 1.067,302 1.067,302 120.0 1.067,302 120.0 1.067,302 120.0 1.067,302 120.0 1.067,302 120.0 1	Capitation Arrangement Receivables											
0 0 0 1,216,302 1,087,302 120.0 1.067,302 1.067,302 120.0 1.067,302 120.0 1.067,302 120.0 1.067,302 120.0 1.067,302 120.0 1	Detroit Wayne Mental Health Authority.						129,000					
	0499999 - Capitation Arrangement Receivables	0	0	0	1,216,302	1,087,302	129,000					
9999 Gross Health Care Receivables 216,159 255,955 178,815 1,879,927 2,083,228 447.6												
999 Gross Health Care Receivables 216,159 255 178,815 1,879,927 2,083,228 447.												
9999 Gross Heal In Care Receivables 256, 155 255 178, 815 1,879,927 2,083,228 447,6												
8999 Gross Heal th Care Receivables 256,955 178,815 1,879,927 2,083,289 447.0												
999 Gross Heal th Care Receivables 216, 158 255, 995 178, 815 1,879,927 2,083,228 447,6												
9999 Gross Heal th Care Receivables 216,158 255,955 178,815 1,879,927 2,083,228 447,6												
9999 Gross Health Care Receivables 216,158 255.955 178,815 1,879,927 2,083,228 447,6						ļ						
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9999 Gross Health Care Receivables 216,158 255,955 178,815 1,879,927 2,083,228 447,6												
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9999 Gross Health Care Receivables 255,955 178,815 1,879,927 2,083,228 447,6			+									
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9999 Gross Health Care Receivables 216,158 255,955 178,815 1,879,927 2,083,228 447,6												
9999 Gross Health Care Receivables 255,955 178,815 1,879,927 2,083,228 447,6												
9999 Gross Health Care Receivables 216,158 255,955 178,815 1,879,927 2,083,228 447,6												
9999 Gross Health Care Receivables 255,955 178,815 1,879,927 2,083,228 447,6												
9999 Gross Health Care Receivables 255,955 178,815 1,879,927 2,083,228 447,6		<u> </u>	1			· · · · · · · · · · · · · · · · · · ·						
9999 Gross Health Care Receivables 216,158 255,955 178,815 1,879,927 2,083,228 447,6												
9999 Gross Health Care Receivables 216,158 255,955 178,815 1,879,927 2,083,228 447,6												
9999 Gross Health Care Receivables 216,158 255,955 178,815 1,879,927 2,083,228 447,6			1									
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9999 Gross Health Care Receivables 216,158 255,955 178,815 1,879,927 2,083,228 447,6		I	I									
9999 Gross Health Care Receivables 216,158 255,955 178,815 1,879,927 2,083,228 447,6												
	0799999 Gross Health Care Receivables	216,158	255,955	178,815	1,879,927	2,083,228	447,62					

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Rece During t	eivables Collected he Year		eivables Accrued 31 of Current Year	5	6
Type of Health Care Receivables	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	677 , 329	624 , 123		982,252	677,329	985,705
Claim overpayment receivables	395,455	2,340,773		332,301	395,455	317,656
3. Loans and advances to providers					0	
4. Capitation arrangement receivables			1,216,302		1,216,302	
5. Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	1,072,784	2,964,896	1,216,302	1,314,553	2,289,086	1,303,361

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	Claims				
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)		,	,	•	•	
0.00000 L. P. L. J. P. L. J. J. S				0		
0199999 Individually listed claims unpaid			ν			0
0299999 Aggregate accounts not individually listed-uncovered. 0399999 Aggregate accounts not individually listed-covered	1,685,955					1,685,955
0499999 Subtotals	1,685,955	0	0	0	0	1,685,955
0599999 Unreported claims and other claim reserves						9,288,346
0699999 Total amounts withheld						10,974,301
0799999 Total claims unpaid						10,974,301
0899999 Accrued medical incentive pool and bonus amounts						Į U

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

		,					
1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
	-						

	_						
			· · · · · · · · · · · · · · · · · · ·				
			<u> </u>				
							
		ļ	ļ	ł			ļ
0199999 Individually listed receivables	J	J	ļ	J	J		ļ
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	1 0	0	0	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
AmeriHealth Caritas Services, LLC. Blue Cross Blue Shield of Michigan, LLC.	Administrative and Staffing Services	622,281	622,281	
Blue Cross Blue Shield of Michigan, LLC	Medical Services.	226,608	226,608	
0100000 Individually listed payables		848,889	848,889	Λ
0199999 Individually listed payables		41,909	41,909	i
0399999 Total gross payables		890,798	890.798	n
Total gross payables		030,730	030,730	U

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups		0.0		0.0		
2. Intermediaries		0.0		0.0		
3. All other providers		0.5	3,286	100.0		361,610
4. Total capitation payments	361,610	0.5	3,286	100.0	0	361,610
Other Payments:						
5. Fee-for-service	0	0.0	xxx	XXX		
6. Contractual fee payments	66,072,151	99.5	xxx	XXX		66,072,151
Bonus/withhold arrangements - fee-for-service	0	0.0	xxx	XXX		
Bonus/withhold arrangements - contractual fee payments		0.0	xxx	XXX		
9. Non-contingent salaries		0.0	xxx	XXX		
10. Aggregate cost arrangements		0.0	xxx	XXX		
11. All other payments		0.0	xxx	XXX		
12. Total other payments	66,072,151	99.5	XXX	XXX	0	66,072,151
13. Total (Line 4 plus Line 12)	66,433,761	100 %	XXX	XXX	0	66,433,761

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT 7 - PART 2 - SUMMART OF TRANSACTIONS		INIEDIANIE	3	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
		-	·····		
		-			
					
		-			
					
			 		ļ
		.			
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies	▍┕					
Durable medical equipment						
Other property and equipment						
3. Other property and equipment						
6. Total	0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 00936 BUSINESS IN THE STATE OF	Michigan			DURING THE YEAR	2017	T .	T	NA	C Company Code	15104
	1	Compre (Hospital 8	& Medical)	4	5	6	7	8	9	10
	Total	2 Individual	Medicare Vision	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:										
1. Prior Year	3,399							3,399		
2 First Quarter	3,250							3,250		
3 Second Quarter	3,312							3,312		
4. Third Quarter	3,334							3,334		
5. Current Year	3,286							3,286		
6 Current Year Member Months	39,540							39,540		
Total Member Ambulatory Encounters for Year:										
7. Physician	67,953							67,953		
8. Non-Physician	8,765							8,765		
9. Total	76,718	0	0	0	0	0	0	76,718	0	
10. Hospital Patient Days Incurred	7,878							7,878		
11. Number of Inpatient Admissions	1,369							1,369		
12. Health Premiums Written (b)	73,390,445							73,390,445		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	73,390,445							73,390,445		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	66,433,761							66,433,761		
18. Amount Incurred for Provision of Health Care Services	62,898,640							62,898,640		

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......73,390,445



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

AIC Group Code 00936 BUSINESS IN THE STATE OF	Canadidatad			DURING THE YEAR	2017			(LOCATION)	IC Company Cod-	15104
AIC Group Code 00936 BUSINESS IN THE STATE OF	Consolidated	Compreh	nensive	DURING THE YEAR	5	6	7	8 NA	IC Company Code	15104
	1	(Hospital &	3	4	5	6	/	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,399	0	0	0	0	0	0	3,399	0	
2 First Quarter	3,250	0	0	0	0	0	0	3,250	0	
3 Second Quarter	3,312	0	0	0	0	0	0	3,312	0	
4. Third Quarter	3,334	0	0	0	0	0	0	3,334	0	
5. Current Year	3,286	0	0	0	0	0	0	3,286	0	
6 Current Year Member Months	39,540	0	0	0	0	0	0	39,540	0	
Total Member Ambulatory Encounters for Year:										
7. Physician	67,953	0	0	0	0	0	0	67,953	0	
8. Non-Physician	8,765	0	0	0	0	0	0	8,765	0	
9. Total	76,718	0	0	0	0	0	0	76,718	0	
10. Hospital Patient Days Incurred	7,878	0	0	0	0	0	0	7,878	0	
11. Number of Inpatient Admissions	1,369	0	0	0	0	0	0	1,369	0	
12. Health Premiums Written (b)	73,390,445	0	0	0	0	0	0	73,390,445	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	73,390,445	0	0	0	0	0	0	73,390,445	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	66,433,761	0	0	0	0	0	0	66,433,761	0	
18. Amount Incurred for Provision of Health Care Services	62,898,640	0	0	0	0	0	0	62,898,640	0	

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

Schedule S - Part 1 - Section 2 NONE

Schedule S - Part 2

NONE

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9999999 Totals

SCHEDULE S - PART 3 - SECTION 2

	Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year													
			Re	insurance Ceded	Accident and Heal	th Insurance Listed	l by Reinsuring Com	pany as of Decemi	ber 31, Current Year					
					6	7								
1	2	3	4	5			8	9	10	Outstanding	Surplus Relief	13	14	
NAIC			Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified		
Company	ID ID	Effective	of	Domiciliary	Reinsurance	Business		Premiums	Taken Other than for			Coinsurance	Funds Withheld	
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance	
			es – U.S. Non-Affiliates						•		•			
60739	74-0484030		AMERICAN NATL INS CO	TX	SSL/1/A	MR	197,389							
			lon-Affiliates - U.S. Non-Affiliates				197,389	0	0	0	0	0	0	
			lon-Affiliates – Total Authorized Non-Affiliates				197,389	0	0	0	0	0	0	
			otal General Account Authorized				197,389	0		0	0	0	0	
			Account Authorized, Unauthorized and Certified				197,389	0	· ·	0	0	0	0	
6999999	- Total U.S. (Sum	of 0399999, 0899	999, 1499999, 1999999, 2599999, 3099999, 3799999), 4299999, 4899999 ₃	5399999, 5999999 and	1 6499999)	197,389	0	0	0	0	0	0	
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197,389

Schedule S - Part 4

Schedule S - Part 5

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	(ψοσο 1	Omitted)	3	4	5
	2017	2016	2015	2014	2013
A. OPERATIONS ITEMS					
7. S. <u></u>					
1. Premiums	0	0	0	0	0
2. Title XVIII-Medicare	197	200	117	0	0
Title XIX-Medicaid	0	0	0	0	0
Commissions and reinsurance expense allowance	0	0	0	0	0
Total hospital and medical expenses	97	55	0	0	0
B. BALANCE SHEET ITEMS					
Premiums receivable	0	0	0	0	0
7. Claims payable	0	0	0	0	0
Reinsurance recoverable on paid losses	0	0	0	0	0
Experience rating refunds due or unpaid	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.	0	0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND					
FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)			0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	L0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
,					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)		0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	18,418,895		18,418,895
2.	Accident and health premiums due and unpaid (Line 15)	6,667,967		6,667,967
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	460,969		460,969
6.	Total assets (Line 28)	25,547,831	0	25,547,831
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	10,974,301	0	10,974,301
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)			0
12.				0
13.				0
14.				1,710,003
15.	Total liabilities (Line 24)	12,684,304	0	12,684,304
16.			XXX	12,863,527
17.	Total liabilities, capital and surplus (Line 34)	25,547,831	0	25,547,831
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

	Direct Business Only 1 2 3 4 5							
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals	
1. Alabama								
2. Alaska	AK							
3. Arizona	AZ							
4. Arkansas	AR						-	
5. California							-	
6. Colorado	CO						-	
7. Connecticut							-	
8. Delaware							-	
9. District of Columbia	DC							
10. Florida			-				-	
11. Georgia	GA		-				-	
12. Hawaii							-	
13. Idaho								
14. Illinois	IL		-			·	·	
15. Indiana	IN		-			·	-	
16. lowa	JA		-			-	-	
17. Kansas			-			-	-	
18. Kentucky								
19. Louisiana	LA							
20. Maine			-			ļ	-	
21. Maryland								
22. Massachusetts								
23. Michigan								
24. Minnesota	MN							
25. Mississippi								
26. Missouri	MO						.	
27. Montana	MT							
28. Nebraska	NE							
29. Nevada								
30. New Hampshire								
31. New Jersey	NJ			ļ				
32. New Mexico	NM							
33. New York	NY							
34. North Carolina	NC							
35. North Dakota	ND							
36. Ohio	HO							
37. Oklahoma	OK							
38. Oregon	OR							
39. Pennsylvania	PA							
40. Rhode Island	RI		ļ					
41. South Carolina	SC		.					
42. South Dakota	SD							
43. Tennessee	TN							
44. Texas	XT		.					
45. Utah	T		.					
46. Vermont	VT							
47. Virginia	NA							
48. Washington	WA							
49. West Virginia	WV							
50. Wisconsin	WI							
51. Wyoming	WY							
52. American Samoa	AS							
53. Guam								
54. Puerto Rico								
55. US Virgin Islands								
56. Northern Mariana Islands								
57. Canada								
58. Aggregate Other Alien								
59. Totals		0	1	0	0	0		

4

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership.	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
00000		00000	47 - 1233198				Independence Health Group, Inc.	PA	UIP					N	
00000		00000	23-2425461				AmeriHealth, Inc.	PA	UIP	Independence Health Group,	Ownership	100.0	Independence Health Group, Inc	l ,	
00000			23-2423401	-			Allier i neartii, iiic	FA	UIF	1116	Townership	100.0	Independence		
													Health Group, Inc.		
													/ DaVita		
													HealthCare		
00000		00000	46-5339475				Tandigm Health, LLC	DE	NIA	AmeriHealth, Inc	Ownership	81.0	Partners, Inc	N	
00000		00000	40 0007700				l	D.4				400.0	Independence		
00000		00000	46 - 3867722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc	.Ownership	100.0	Health Group, Inc	N	
00000		00000	98-0438502				InsPro Technologies Corp	DE	NIA	Independence Blue Cross, LLC	Ownerchin	25.2	Independence Health Group, Inc	l N	
00000			30-0430302				i msi to tecimorogres corp	DL		I macpendence brue cross, ELc	. Owner sirrp	20.2	Independence	V	
00000		00000	23-2800586				The AmeriHealth Agency, Inc	PA	NIA	Independence Blue Cross, LLC.	Ownership.	100.0	Health Group, Inc	l	
	Independence Health Group,	l i								<u> </u>	' '		Independence		
00936	Inc	. 12812	30-0326654				Region 6 Rx Corp	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	N	
	Independence Health Group,						l			l <u>.</u>			Independence		
00936	Inc	95794	51-0296135				Healthcare Delaware, Inc	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	N	
00936	Independence Health Group,	60254	23-2865349				Independence Insurance, Inc	DE	IA	Independence Blue Cross, LLC	Ownerchin	100.0	Independence Health Group, Inc	l N	
00930	1110	. 00234	23-2003349				I muependence msurance, mc		I A	I macpendence brue cross, LLc	. Owner Sirrp	100.0	Independence	JN	
00000		00000	98-0426648				AmeriHealth Assurance, Ltd.	BMU	NIA	Independence Blue Cross, LLC	Ownership.	100.0	Health Group, Inc	N	
		i i								'	' '		Independence		
00000		00000	23-2795357				AmeriHealth Services, Inc	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	N	
00000		00000	00 000 1000				NS Assisted Living Communities,	D.4				400.0	Independence		
00000		00000	23-2824200				Inc	PA	NIA	AmeriHealth Services, Inc	Ownership	100.0	Health Group, Inc	N	
00000		00000	23-2982367				Independence Holdings, Inc	PA	NIA	Independence Blue Cross, LLC	Ownerchin	100.0	Health Group, Inc	l N	
00000			20 2002007				I macpondence noranigo, me			Independence Brae erese, EEe.	1 0 111101 0111 p		Independence		
													Health Group, Inc.		
													/ Mercy Health		
00000		00000	23-2944969				KMHP Holding Company, Inc	PA	NIA	Independence Holdings, Inc	Ownership	50.0	Plan	N	
										Independence Holdings, Inc. (93.7%) / QCC Insurance			Independence		
00000		00000	66-0195325				PRHP, Inc	PR	NIA	Company (6.3%)	Ownership	100.0	Health Group, Inc	N	
00000	Independence Health Group,		00 0100020	1			1110			(0.0%)	. o o	1	Independence	JV	
00936	Inc	93688	23-2184623				QCC Insurance Company	РА	IA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	N	
1		l l						l .			,		Independence		
00000		00000	81-0681081				Veridign Health Solutions, LLC	PA	NIA	QCC Insurance Company	Ownership	100.0	Health Group, Inc	N	
00000		00000	27-0204996				International Plan Solutions,	DE.	NI A	OCC Inquirence Commence	Ownersh:	20.0	Independence		
00000		00000	z <i>i</i> -uzu4996				LLU	DE	NIA	QCC Insurance CompanyInternational Plan Solutions,	Ownership	J38.2	Health Group, Inc Independence	N	
00000		00000	23-2903313				Highway to Health, Inc	DE	NIA	TLLC	Ownership	13.0	Health Group, Inc	N	
00000				1							1o. op		Independence		
00000		00000	98-0408753				HTH Re, Ltd.	BMU	NIA	Highway to Health, Inc	Ownership	13.0	Health Group, Inc	N	
1							Worldwide Insurance Services,	l			L		Independence		
00000		00000	54-1867679	.			LLC	VA	NIA	Highway to Health, Inc	Ownership	13.0	Health Group, Inc	N	

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership.	13	14	15	16
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group	Out a Name	Company	ID	Federal	0114	Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates AmeriHealth Administrators,	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s) Independence	(Y/N)	
00000		00000	23-2521508				Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	l N	
]		AmeriHealth Administrators,	- · · · · · · · · · · · · · · · · · · ·		Independence		
00000		00000	13-3155962				Self Funded Benefits, Inc	NJ	NIA	Inc	Ownership	100.0	Health Group, Inc	N	
00000	Independence Health Group,	10050	04 2070224				Ladarandana Assurana Camanu	D.	1.4	Ladarandana Diva Casa IIC	O	100.0	Independence		
00936	Inc Independence Health Group,	. 16053	81-3078234				Independence Assurance Company	РА	I A	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc Independence	N	
00936	Inc.	95044	23-2314460				AmeriHealth HMO. Inc.	PA	I A	Independence Blue Cross, LLC.	Ownership.	100.0	Health Group, Inc	N	
İ	Independence Health Group,						,			'	'		Independence		
00936	Inc	95056	23-2405376				Keystone Health Plan East, Inc.	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	N	
00000		00000	82-3774494				KHPE SubCo, Inc	PA	NIA	Keystone Health Plan East,	Ownership	100.0	Independence Health Group, Inc	, I	
00000	Independence Health Group.		02-3114494				Independence Hospital Indemnity	PA	N I A	Inc	ownership	100.0	Independence	JN	
00936	Inc.	54704	23-0370270				Plan. Inc.	PA	II A	Independence Blue Cross, LLC.	Ownership.	100.0	Health Group, Inc	NN	
							Independence Blue Cross			Independence Hospital	'		Independence		
00000		00000	36-4685801				Foundation	PA	OTH		Board	0.0	Health Group, Inc	N	
	Independence Health Croup						Inter County Hearitalization			Independence Hospital Indemnity Plan, Inc. (50%) /			Independence Health Group, Inc.		
00936	Independence Health Group,	54763	23-0724427				Inter-County Hospitalization	PA	I A	Highmark, Inc. (50%)	Ownership	50.0	/ Highmark Health	l N	
00000			20-0124421				Tan, 1110			Independence Hospital	0 WII OT 3111 P		Independence		
	Independence Health Group,									Indemnity Plan, Inc. (50%) /			Health Group, Inc.		
00936	Inc	. 53252	23-2063810				Inter-County Health Plan, Inc	PA	I A	Highmark, Inc. (50%)	Ownership	50.0	/ Highmark Health	N	
00000		00000	46-3878323				AmeriHealth Casualty Holdings,	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Independence Health Group, Inc	l N	
00000			40-30/0323				LLO		NI A	AmeriHealth Casualty	Ownersinp	100.0	Independence	JJN	
00000		00000	25-1686685				CompServices, Inc.	PA	NIA	Holdings, LLC	Ownership	100.0	Health Group, Inc	N	
1		l											Independence		
00000		00000	25 - 1765486				CSI Services, Inc.	PA	NIA	CompServices, Inc	Ownership	100.0	Health Group, Inc	N	
00000		00000	46-3893959				AmeriHealth New Jersey Holdings, LLC	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Independence Health Group, Inc	l N	
00000			40-3033333				Thorumgs, ELO	J /\		Allier meartin, me	Owner 3111 p	1	Independence		
													Health Group, Inc.		
00000		00000	04 4744000					55		AmeriHealth New Jersey			/ Cooper Medical	١., ا	
00000		. 00000	61-1741302				AmeriHealth New Jersey, LLC	DE	NIA	Holdings, LLC	Ownership	92.4	Services, Inc Independence	N	
													Health Group, Inc.		
							AmeriHealth TPA of New Jersey,						/ Cooper Medical		
00000		00000	61-1741805				LLC	NJ	NIA	AmeriHealth New Jersey, LLC	Ownership	92.4	Services, Inc	N	
													Independence		
	Independence Health Group.						AmeriHealth Insurance Company						Health Group, Inc. / Cooper Medical		
00936	Inc	60061	22-3338404				of New Jersey	NJ	IA	AmeriHealth New Jersey, LLC	Ownershin	92.4	Services. Inc	l N	
			0000-0						1	l los most in nor our soy, ELO	5 OI OIII P		Independence		
													Health Group, Inc.		
00000		00000	25 2544070				AmeriHealth HMO of New Jersey,	N. I	NI A	Amonilloolth New Jones, 110	Owen and in	00.4	/ Cooper Medical		
00000		00000	35-2511976				THC	NJ	NIA	AmeriHealth New Jersey, LLC	ownersnip	92.4	Services, Inc Independence	N	
00000		00000	82-3756593				AHI SubCo 1, Inc	PA	UIP	AmeriHealth, Inc	Ownership	100.0	Health Group, Inc	N	
		7	0.00000	.,			1	1	1	1			от оср, то	1	

	_	1 0					1		1 40	T	1 10		1		
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
		NAIC				Exchange if Publicly	Names of		Relationship to		Board, Management,	If Control is Ownership		Is an SCA Filing	
Group		Company	ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
00000		00000	82-3770369				AHI SubCo 2, Inc.	PA	UIP	AHI SubCo 1, Inc.	Ownership	100 0	Independence Health Group, Inc.	l N	
]	AHI SubCo 2, Inc. (95%) /			Independence		
00000		00000	45-3672640				IBC MH LLC	DE	UIP	KHPE SubCo, Inc. (5%)	Ownership	100.0	Health Group, Inc.	N	
00936	Independence Health Group,	96660	23-2408039				Vista Health Plan. Inc.	PA	IA	IBC MH LLC	Ownership	100 0	Independence Health Group, Inc.	l N	
00000			20-2400000				Trista ricartii i raii, iiic			1100 WIT EE0	О шпот эттр	100.0	Independence		
													Health Group, Inc.		
00000		00000	30-0703311				BMH LLC	DE	UIP	IBC MH LLC	Ownership	61 3	/ Blue Cross Blue Shield of Michigan	l N	
00000			00 0/00011				Dill'i EEO			150 1111 220	0#1101 0111 p		Independence		
													Health Group, Inc.		
00000		00000	45-5415725				AmeriHealth Caritas Services,	DE	NIA	BMH LLC	Ownership	61 3	/ Blue Cross Blue Shield of Michigan	l N	
00000			45-5415725					DL	N I A	DIVIT LLG	Owner Sirrp		Independence		
													Health Group, Inc.		
00000		00000	38-3946080				BMH SUBCO LLC	DF	UIP	BMH LLC	Ownership	61.0	/ Blue Cross Blue Shield of Michigan		
00000			. 30-3940000				DWIN SUBCO I LLC	J		DWIT LLU	Owner Strip		Independence	N	
													Health Group, Inc.		
00000		00000	80-0768643				BMH SUBCO II LLC	DE	UIP	BMH LLC.	O	04.0	/ Blue Cross Blue	ا ا	
00000		00000	80-0708043				BWH SUBCO II LLC	DE	UIP	BWH LLC	Ownership		Shield of Michigan. Independence		
													Health Group, Inc.		
00000		00000	00.0040044				Konstant Family Harlth Blan	DA	NILA	BMH SUBCO I LLC (50%) / BMH	0	04.0	/ Blue Cross Blue		
00000		00000	23-2842344				Keystone Family Health Plan	PA	NIA	SUBCO II LLC (50%)	Ownership		Shield of Michigan. Independence		
													Health Group, Inc.		
00000		00000	00 0050500					В.	LUB	BMH SUBCO I LLC (50%) / BMH		04.0	/ Blue Cross Blue		
00000		00000	23-2859523				AmeriHealth Caritas Health Plan.	PA	UIP	SUBCO II LLC (50%)	Ownership		Shield of Michigan. Independence	N	
													Health Group, Inc.		
00000	Independence Health Group,	44440	07 0575000				AmeriHealth Caritas Louisiana,		1.4	AMUD Haldings Once	0	04.0	/ Blue Cross Blue		
00936	Inc	14143	27 - 3575066				Inc	LA	IA	AMHP Holdings Corp	Ownership		Shield of Michigan. Independence	N	
													Health Group, Inc.		
	Independence Health Group,	45000	47 0000007										/ Blue Cross Blue	ll	
00936	Inc	15800	47 - 3923267				AmeriHealth Caritas Iowa, Inc	I A	IA	AMHP Holdings Corp	Ownership	[61.3	Shield of Michigan. Independence	N	
													Health Group, Inc.		
	Independence Health Group,		40.000000				l	l	25				/ Blue Cross Blue		
00936	Inc	. 15104	46-0906893				AmeriHealth Michigan, Inc	MI	RE	AMHP Holdings Corp	Ownership	[61.3	Shield of Michigan Independence	N	
													Health Group, Inc.		
	Independence Health Group,						Select Health of South						/ Blue Cross Blue		
00936	Inc.	95458	57 - 1032456				Carolina, Inc	SC		AMHP Holdings Corp	Ownership	61.3	Shield of Michigan.	N	

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities					Type of Control (Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
0.11		NAIC	ID.	Fortered		Publicly	Names of Parent, Subsidiaries	D	to	Bissell Controlled b	Management,	Ownership	LUC I O - I - III	Filing	
Group Code	Group Name	Company Code	ID Number	Federal RSSD	CIK	Traded (U.S. or International)	or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Attorney-in-Fact, Influence, Other)	Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Required? (Y/N)	*
						,					,	J	Independence		
	Independence Health Group,						AmeriHealth Caritas District of						Health Group, Inc. / Blue Cross Blue		
00936	Inc	15088	46-1480213				Columbia, Inc.	DC	I A	AMHP Holdings Corp.	Ownership	61.3	Shield of Michigan.	N	
							,				,		Independence		
										AmeriHealth Caritas Health			Health Group, Inc. / Blue Cross Blue		
00000		00000	27-0863878				PerformRx, LLC	PA	NIA	Plan.	Ownership	61.3	Shield of Michigan.	N	
											,		Independence		
													Health Group, Inc. / Blue Cross Blue		
00000		00000	61-1729412				PerformSpecialty, LLC	РА	NIA	PerformRx, LLC	Ownership	61.3	Shield of Michigan.	N	
											,		Independence		
										AmeriHealth Caritas Health			Health Group, Inc. / Blue Cross Blue		
00000		00000	26-1809217				PerformRx IPA of New York, LLC	NY	NIA	Plan.	Ownership	61.3	Shield of Michigan.	N	
													Independence		
										AmeriHealth Caritas Health			Health Group, Inc. / Blue Cross Blue		
00000		00000	26-1144363				AMHP Holdings Corp	PA	UDP	Plan	.Ownership	61.3	Shield of Michigan.	N	
							O						Independence		
							Community Behavioral Healthcare Network of						Health Group, Inc. / Blue Cross Blue		
00000		00000	25-1765391				Pennsylvania, Inc	PA	NIA	AMHP Holdings Corp	Ownership	61.3	Shield of Michigan.	N	
										Community Behavioral			Independence Health Group, Inc.		
	Independence Health Group,									Healthcare Network of			/ Blue Cross Blue		
00936	Inc	. 13630	26-0885397				CBHNP Services, Inc	PA	IA	Pennsylvania, Inc	Ownership	61.3	Shield of Michigan.	N	
													Independence Health Group, Inc.		
							AmeriHealth Caritas Indiana,			AmeriHealth Caritas Health			/ Blue Cross Blue		
00000		00000	20-4948091				LLC	IN	NIA	Plan	Ownership	61.3	Shield of Michigan.	N	
													Independence Health Group, Inc.		
													/ Blue Cross Blue		
	Lada and an allegate an									Annellie date Occidentia			Shield of Michigan		
00936	Independence Health Group,	14261	45-3790685				AmeriHealth Nebraska, Inc	NE NE	IA	AmeriHealth Caritas Health Plan	Ownership	42 9	/ Blue Cross Blue Shield of Nebraska	N	
0 0 0 0 0	· · · · · · · · · · · · · · · · · · ·		0,00000						4		4 ~ o i o i i i p	- · · · · · · · · · · · · · · · · · · ·	S STA OT HODE WORKS.	4	

1 Group	2	3 NAIC	4 ID	5 Federal	6	7 Name of Securities Exchange if Publicly	Names of	9	10 Relationship		12 Type of Control (Ownership, Board, Management, Attorney-in-Fact,	13 If Control is Ownership	14 Ultimate Controlling	15 Is an SCA Filing	16
Code	Group Name	Company Code	Number	RSSD	CIK	Traded (U.S. or International)	Parent, Subsidiaries or Affiliates	Domiciliary Location	Reporting Entity	Directly Controlled by (Name of Entity/Person)	Influence, Other)	Provide Percentage	Entity(ies)/Person(s)	Required? (Y/N)	*
00936	Independence Health Group,		45-4088232				Florida True Health, Inc	FL	IA	AmeriHealth Caritas Health Plan	Ownership	30.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Florida Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Blue Cross Blue Shield of Florida	N	
													/ Prestige Health		
00000		00000	61-1720226				Community Care of Florida, LLC	FL	NIA	Florida True Health, Inc	Ownership	15.6	ChoiceIndependence	N	
	Blue Cross Blue Shield of						Blue Cross Complete of Michigan			AmeriHealth Caritas Health			Health Group, Inc. / Blue Cross Blue		
00572	Michigan	11557	47 - 2582248				LLC	M1	I A	Plan	Ownership	30.6	Shield of Michigan Independence	N	
00936	Independence Health Group,	16283	61-1847073				AmeriHealth Caritas Delaware,	DE	I A	AMHP Holdings Corp	Ownership		Health Group, Inc. / Blue Cross Blue Shield of Michigan.	N	
00000			82-1141687				AmeriHealth Caritas Texas, Inc	TX		AMHP Holdings Corp	Ownership		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan.	N	
00000			61-1857768				AmeriHealth Caritas New Mexico,	NM		AMHP Holdings Corp	Ownership.		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	
00000			82-3313629				AmeriHealth Caritas Kanas, Inc	KS		AMHP Holdings Corp	Ownership		Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan.	N	
										Tioraringo oorp.		01.0	gan.		

Asterisk	Explanation
1	Char i ty.
2	* - COA issued December 28, 2017; pursuing Medicaid Certification.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95458	57 - 1032456	Select Health of South Carolina, Inc.	(29,500,000)				(134,317,047)	- greenerite			(163,817,047)	(=()
13630	26-0885397	CBHNP Services, Inc.	, , , , , , , , , , , , , , , , , , , ,						l		0	
14143	27 - 3575066	AmeriHealth Caritas Louisiana, Inc.					(75, 374, 217)		<u> </u>		(75, 374, 217)	
14378	45-4088232	Florida True Health, Inc	4,273,698				(142,811,494)		ļ	425,025	(138.112.771)	
14261	45-3790685	AmeriHealth Nebraska, Inc		3,308,000			(1,205,959)		ļ	(7,000,000)	(4,897,959)	
15088	46 - 1480213	AmeriHealth Caritas DC, Inc.	(34,000,000)				(51,410,116)		ļ		(85,410,116)	
15104	46-0906893	AmeriHealth Michigan, Inc.		5,000,000			(12,049,336)		ļ	ļ	(7,049,336)	
00000	23-2859523	AmeriHealth Caritas Health Plan	63,500,000	(7,315,600)			147 , 147 , 462		ļ	4,900,000	208,231,862	
00000	45-5415725	AmeriHealth Caritas Services LLC.		470 000 000	ļ		259,280,657		ļ	· 	259 , 280 , 657	
15800	47 - 3923267	AmeriHealth Caritas Iowa, Inc		170,000,000	ļ		(107,416,721)		ļ	·	62,583,279	
16283	61-1847073	AmeriHealth Caritas Delaware, Inc		7,000,000			(2,324,184)		ł	·	4,675,816	
00000	27-0863878	PerformRx, LLC							ł	·····	26,274,800 79,987,631	
00000	61-1729412	PerformSpecialty, LLC		(177.000.000)					ļ	·	(177,000,000)	
77780	47 - 0095156	AMHP Holdings Corp. Blue Cross and Blue Shield of Nebraska		(177,000,000)					 	2,100,000	(177,000,000)	
54291	38-2069753	BCBSM Mutual Ins Co		(332,400)	·····		226,608		·····	2, 100,000	226,608	
00000	59-2468517	Diversified Health Services, Inc.					220,000		†	T	00,000	
00000	61-1720226	Community Care of Florida, LLC.	(4,273,698)				13,991,916				9,718,218	
00000	37 - 1752699	FTH Clinic, LLC.	(4,270,000)						1	(425,025)	(425,025)	
		31							1	1	(120,020)	
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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

interro	gatory questions.	
	MARCH FILING	Responses
1.		YES
2.		YES
3.		YESYES
4.		1E9
-	APRIL FILING	YES
5.		YES
6.		YES
7.		1 [5]
0	JUNE FILING	YES
8.		YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? AUGUST FILING	
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and	YES
which t	llowing supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar cod oplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following ons.	le will be printed below. If
	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	N0
15.	·	N0
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	N0
18.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	N0
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	N0
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0
21.		N0
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	N0
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	N0
	AUGUST FILING	
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
Explar	nation:	
11.		
11.		
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20.		

21.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

24 Bar code

22

OVERFLOW PAGE FOR WRITE-INS

M014 Additional Aggregate Lines for Page 14 Line 25.
*EXEXP - Underwriting and Investment Exhibit - Part 3

	1	2	3	4	5
	Cost	Other Claim	General		
	Containment	Adjustment	Administrative	Investment	
	Expenses	Expenses	Expenses	Expenses	Total
2504. Purchased Services	107,734		22,453		130 , 187
2597 Summary of remaining write-ins for Line 25 from Page 14	107 734	0 1	22 453	0	130 187

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